

# **TAB 12B**

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA  
AT CHARLESTON

	x	
	:	
THE CITY OF HUNTINGTON,	:	Civil Action
	:	
Plaintiff,	:	No. 3:17-cv-01362
	:	
v.	:	
	:	
AMERISOURCEBERGEN DRUG	:	
CORPORATION, et al.,	:	
	:	
Defendants.	:	

	x	
	:	
CABELL COUNTY COMMISSION,	:	Civil Action
	:	
Plaintiff,	:	No. 3:17-cv-01665
	:	
v.	:	
	:	
AMERISOURCEBERGEN DRUG	:	
CORPORATION, et al.,	:	
	:	
Defendants.	:	

BENCH TRIAL - VOLUME 22  
BEFORE THE HONORABLE DAVID A. FABER, SENIOR STATUS JUDGE  
UNITED STATES DISTRICT COURT  
IN CHARLESTON, WEST VIRGINIA

JUNE 8, 2021

1 about here?

2 MS. SINGER: Prior. I'm sorry, Your Honor. Prior  
3 to the 2007 Order to Show Cause and Immediate Suspension  
4 Order.

5 MR. NICHOLAS: I will renew my objection based on  
6 vagueness and time period.

7 THE COURT: All right. Overruled. He can answer  
8 if he can.

9 THE WITNESS: The distributor initiative was based  
10 on the systems that they were operating. That's why they  
11 were called in, because we wanted to make sure that they  
12 understood what their obligations were, and to make the  
13 appropriate corrections to their -- their systems. So --  
14 so, yes, I was aware of this system at that point in time.  
15 I was aware of all three, you know, the systems that they  
16 had.

17 BY MS. SINGER:

18 **Q.** And by all three, what do you mean, Mr. Rannazzisi?

19 **A.** The three defendants.

20 **Q.** And did you have reason to believe -- did you believe  
21 at the time that this Order to Show Cause and Immediate  
22 Suspension Order was issued that AmerisourceBergen's conduct  
23 was -- that its compliance deficiencies were national and  
24 systemic?

25 MR. NICHOLAS: Your Honor, I will object. I've

1 listened carefully to the question and the answer. There is  
2 no basis -- there is no foundation laid here for this  
3 witness to answer that question.

4 MS. SINGER: I think, Your Honor, he has just  
5 testified that he was familiar with all of their systems.

6 MR. NICHOLAS: That is all he has said about  
7 AmerisourceBergen's program, is that he was familiar with  
8 the system and the fact that they had a system, period.  
9 Full stop.

10 THE COURT: Well, I'm going to overrule the  
11 objection and let him answer.

12 THE WITNESS: When the system did not identify  
13 these -- these orders as suspicious, I took that to be,  
14 again, a systemic failure in their system and, therefore,  
15 their system was not operating within the confines of  
16 1301.74(b) to identify and report suspicious orders.

17 Q. So, let's turn --

18 MS. WICHT: Your Honor, I object to the legal  
19 conclusion stated by the witness.

20 MR. NICHOLAS: Yes. I was --

21 MS. WICHT: Sorry, Mr. Nicholas.

22 MR. NICHOLAS: Forgive me. I should have been the  
23 first one to make that objection, but that is the objection  
24 I would make, as well.

25 THE COURT: And I will sustain that objection.

1 MS. SINGER: So, Your Honor, I would ask that --  
2 that the witness's testimony up until the legal conclusion  
3 be committed -- be permitted, meaning -- and I'm happy to  
4 ask him again and with Your Honor's instruction that he not  
5 offer a legal conclusion.

6 THE COURT: Well, ask him again and --

7 MR. NICHOLAS: Well, I'm standing up just in case.  
8 I don't know what -- I don't know what she's going to ask.

9 THE COURT: Well --

10 MS. SINGER: But you assume you're not going to  
11 like it, so fair enough.

12 THE COURT: Ask him the question and see if you  
13 can get around the legal conclusion.

14 MS. SINGER: All right.

15 BY MS. SINGER:

16 Q. All right. Mr. Rannazzisi, prior to the time that this  
17 Order to Show Cause and Immediate Suspension Order was  
18 issued -- now I have to remember the question -- had you  
19 reached a conclusion --

20 MS. SINGER: I'm sorry. Can I ask the court  
21 reporter to read back the question that I originally asked?  
22 Mr. Rannazzisi may be doing fine, but I may need a break,  
23 Your Honor.

24 (Court reporter read back requested portion)

25 BY MS. SINGER:

1 regard to the other objections.

2 BY MS. SINGER:

3 **Q.** Now, as with, as with other Orders to Show Cause  
4 and Immediate Suspension Orders, did you approve and  
5 recommend this Order to Show Cause and Immediate  
6 Suspension Order to the deputy administrator?

7 **A.** Again, I reviewed, like the others, the Immediate  
8 Suspension -- the Order to Show Cause and Immediate  
9 Suspension Order. I gave my initial approval and sent it  
10 up. Only the deputy administrator can make a decision on  
11 imminent threat.

12 **Q.** And can you read Paragraph 5 of this Order to Show  
13 Cause and Immediate Suspension Order?

14 **A.** "Notwithstanding the large quantities of controlled  
15 substances ordered by Cardinal's top retail pharmacy  
16 customers, Cardinal failed to conduct meaningful due  
17 diligence to ensure that the controlled substances were not  
18 diverted into other than legitimate channels, including  
19 Cardinal's failure to conduct due diligence of its retail  
20 pharmacy chain customers. Furthermore, Cardinal failed to  
21 detect and report suspicious orders of oxycodone products by  
22 its pharmacy customers, as required by 21 C.F.R. 1301.74(b).  
23 In addition, Cardinal's conduct described herein violated  
24 the provisions of the administrative memorandum of  
25 agreement."

1       **Q.**     And does that accurately reflect DEA's assessment of  
2       Cardinal's distribution -- I'm sorry -- DEA's findings in  
3       this investigation?

4       **A.**     Yes.

5       **Q.**     And do you believe that the failures described here  
6       were limited to these customers of the Cardinal -- of that  
7       Cardinal distribution center?

8               MS. WICHT:   Objection, foundation.

9               THE COURT:   Overruled.

10              THE WITNESS:   Could you repeat the question one  
11       more time?   I didn't catch it.

12       BY MS. SINGER:

13       **Q.**     Did, did, did the paragraph you just read  
14       accurately reflect DEA's -- I'm sorry.   That's two  
15       questions ago.

16              Were the failures described here in Paragraph 5 that  
17       you just read limited to the four Cardinal customers at this  
18       distribution center, or did you believe that they were  
19       systemic failings as well?

20              MS. WICHT:   I'll object only to clarify that we're  
21       speaking within the scope of his own personal individual  
22       knowledge.

23              THE COURT:   Well, overruled, if he knows.

24              THE WITNESS:   Well, I believe that because there  
25       was, again, another systemic failure that was happening

1 elsewhere as well.

2 BY MS. SINGER:

3 Q. Now, had DEA communicated with Cardinal prior to  
4 issuing this Immediate Suspension Order about the issues  
5 raised in the Order to Show Cause?

6 A. Yes, I believe there were communications.

7 Q. And do you recall the details of those communications,  
8 how many, with whom, et cetera?

9 A. I believe the communications occurred at the division  
10 level with DPM and the group supervisor as well as  
11 headquarters staff.

12 Q. And do you recall whether -- roughly how many  
13 communications there were?

14 A. I don't recall.

15 Q. Is there a document that might refresh your  
16 recollection?

17 A. I'm sure there's a document that, that has the content  
18 of the discussions that, between -- yes, there should be a  
19 document.

20 Q. And do you recall, did Cardinal challenge this  
21 immediate -- this Order to Show Cause and Immediate  
22 Suspension Order in Federal Court in the District of  
23 Columbia?

24 A. Oh, yes, yes, they did.

25 Q. And do you recall whether you submitted a declaration



1 THE COURT: Overruled.

2 THE WITNESS: No, they don't. It's just  
3 transactions. It looks like transactions above a threshold.  
4 That's basically it.

5 BY MS. SINGER:

6 Q. So did it give you information on why a distributor  
7 thought DEA should be aware of any of those  
8 transactions?

9 A. No, there's nothing, there's nothing in here that has  
10 any explanation of why it would be deemed suspicious.

11 Q. And were these reports useful to DEA?

12 MR. SCHMIDT: Objection, foundation. I think he  
13 can answer as to himself, not as to DEA.

14 THE COURT: Well, if he knows. I'll overrule the  
15 objection.

16 You can answer if you can, Mr. Rannazzisi.

17 THE WITNESS: To me, no, these, these, these have  
18 no value because all it is is reporting transactions over a  
19 threshold. I don't know anything about any of these  
20 pharmacies. I don't have an explanation of why this would  
21 be deemed suspicious. They're not, they're not given to us  
22 when discovered. It's just a monthly printout of  
23 transactions, you know, above a certain threshold. So, no,  
24 I -- no.

25 BY MS. SINGER:

1       **Q.**     And when DEA received suspicious order reports as  
2       opposed to excessive purchase reports, did DEA  
3       investigate those reports?

4       **A.**     Again --

5               MR. NICHOLAS:  Objection.  I think this goes back  
6       to the debate we had yesterday.  And I'm not sure exactly  
7       where we landed, but I think since the witness is unable to  
8       provide any, any specific information here, I would object  
9       based on, on foundation and lack of ability to probe as to  
10      whatever his answer might be.

11             MR. SCHMIDT:  Join.

12             THE COURT:  Well, the question was:  When DEA  
13      received suspicious order reports as opposed to excessive  
14      purchase reports, did DEA investigate those reports?

15             I think that's a perfectly proper question and I'll  
16      overrule the objection and you can answer it if you can, Mr.  
17      Rannazzisi.

18             THE WITNESS:  I know investigative -- I know  
19      suspicious order reports were investigated.  I know that.  I  
20      can't tell you every suspicious order report was ever -- you  
21      know, every one that was ever submitted was investigated.  
22      But I know they were investigated and I know that was the  
23      protocol to investigate those suspicious order reports.

24             BY MS. SINGER:

25       **Q.**     And did suspicious order reports sometimes lead to

1 an action being taken against a registrant?

2 **A.** Suspicious order reports, like I said before, are a  
3 pointer system. So it would lead the investigators to, if  
4 not open an investigation, assist in an on-going  
5 investigation.

6 **Q.** Now, did DEA give these defendants feedback that the  
7 excessive purchase reports that we just looked at weren't  
8 helpful to DEA?

9 MR. SCHMIDT: Objection as to time frame, if we  
10 could just specify the time frame.

11 BY MS. SINGER:

12 **Q.** This is all prior to the --

13 THE COURT: Overruled.

14 BY MS. SINGER:

15 **Q.** Okay. Go ahead and answer, please.

16 THE COURT: Well, the time -- have you put a time  
17 frame on it?

18 MS. SINGER: I haven't, Your Honor.

19 BY MS. SINGER:

20 **Q.** At any point during your tenure at DEA, did DEA  
21 tell defendants that these excessive purchase reports  
22 weren't helpful?

23 **A.** Yes, during, during my tenure, we did, yes, absolutely.

24 MR. WESTFALL: Your Honor, just so it's clear on  
25 the record, he's testifying from his own personal

1 effective controls and I didn't get the first part.

2 **Q.** Yeah. In conducting inspections of defendants'  
3 distribution centers during your tenure did DEA find the  
4 defendants failed to maintain effective controls against  
5 diversion?

6 **A.** Yeah. I don't recall. There were so many inspections  
7 in the distributor -- the distributor population as a whole,  
8 yes, I'm sure they have, but I just can't recall if these  
9 three defendants had that type of, you know --

10 **Q.** And did your findings and visits -- and I'm sorry.  
11 Beyond inspections did DEA visit distribution centers  
12 outside of the cyclic investigations?

13 **A.** DEA can go in on a -- on a -- you know, could go in a  
14 facility pretty much whenever they wanted. It's a question  
15 of whether we've actually done an inspection within a year  
16 and whether we executed a notice of inspection but, yes, DEA  
17 could go into the facilities if need be.

18 **Q.** And did your findings during those inspections and  
19 other visits inform the enforcement actions that DEA took  
20 during your tenure as Deputy Assistant Administrator?

21 **A.** In some circumstances, yes.

22 **Q.** Now, in addition to inspections, did defendants meet  
23 with DEA to discuss their compliance programs in other  
24 settings?

25 **A.** I -- I don't -- I don't recall that.

1       **Q.**   And do you know whether DEA provided feedback to these  
2       defendants on the design of their Suspicious Order  
3       Monitoring Systems?

4       **A.**   They may have said the system -- generally what they  
5       would say is the system looks -- looks like it's operational  
6       or it looks -- it looks like it's operating appropriately.  
7       That's about it. It can't -- it can't confirm it, but based  
8       on the policies and procedures that they're looking at, they  
9       would say it looks like it's operating appropriately.

10      **Q.**   And did DEA have a policy or procedure of its own on  
11      whether it could approve a defendant or distributor's  
12      Suspicious Order Monitoring System?

13      **A.**   No. There's no approval process. That's why they  
14      would say it's operating satisfactorily. From what you've  
15      shown me, it looks to be operating satisfactory, something  
16      to that, but there was never an approval given for a  
17      Suspicious Order Monitoring Program.

18      **Q.**   And did DEA communicate to defendants that it could not  
19      approve their Suspicious Order Monitoring Systems?

20      **A.**   Yes.

21      **Q.**   And do you know when those communications took place?

22      **A.**   Just the letters to start off. The distributor  
23      initiative, then the letters following the distributor  
24      initiative. Then the Memorandums of Understanding and the  
25      settlement agreements. They just continued on and on.

1       **Q.**    Are you aware that during your tenure defendants used  
2       thresholds as one -- as a way of identifying suspicious  
3       orders?

4       **A.**    I'm aware that the defendants used hard -- some of the  
5       defendants used hard numbers during that time period, yes.

6       **Q.**    And what do you mean by "hard numbers"?

7       **A.**    Yeah.  So, there would be a ceiling level or they would  
8       create -- yeah.  There would be a ceiling level where that  
9       -- that would be the ceiling and then, anything above that  
10      would be however they termed it, a breach, order of  
11      interest.

12      **Q.**    And do you know what defendants' thresholds were based  
13      on during your tenure as Deputy Assistant Administrator?

14      **A.**    I'm not sure.

15      **Q.**    Do you know whether defendants used any kind of  
16      multipliers of past orders as a vehicle for setting  
17      thresholds?

18               MR. SCHMIDT:  Objection, leading after the witness  
19      has said he doesn't know.

20               THE COURT:  Sustained.

21               BY MS. SINGER:

22      **Q.**    To your knowledge, did DEA ever provide guidance to  
23      defendants about whether they could use thresholds or  
24      multipliers of orders to identify suspicious orders?

25      **A.**    No.  As far as I know from my time there, no.  That

1 would have never -- that would not have occurred during my  
2 time, yes.

3 **Q.** And did -- all right. Moving on to another topic --

4 THE COURT: This may be a good time for a break.

5 MS. SINGER: Yes, Your Honor.

6 THE COURT: We'll come back about 3:30. It looks  
7 like we're at a convenient stopping point.

8 (Recess taken)

9 (Proceedings resumed at 3:31 p.m. as follows:)

10 THE COURT: All right, Ms. Singer.

11 BY MS. SINGER:

12 **Q.** All right, Mr. Rannazzisi, just a few more topics  
13 this afternoon.

14 Now, I think you mentioned at the start of your  
15 testimony that healthcare providers who prescribe controlled  
16 substances are registered with the DEA; is that correct?

17 **A.** Yes.

18 **Q.** And based on your experience at DEA, were most  
19 healthcare providers prescribing appropriately?

20 **A.** Yes.

21 **Q.** And have you offered any numbers as to what percentage  
22 of the universe of prescribers you think are prescribing  
23 appropriately and consistent with the law?

24 **A.** Yeah. We usually said 99 percent of the prescribers in  
25 the United States are operating -- treating their patients

1 appropriately.

2 **Q.** And have you ever done the math to figure out how many  
3 prescribers then aren't prescribing lawfully?

4 **A.** Do the math as far as -- I'm sorry.

5 **Q.** So how many -- that one percent, how many prescribers  
6 is that?

7 **A.** Oh, depending on the population of prescribers at the  
8 time. It's thousands, you know, over 10,000, 15,000.

9 **Q.** And in your experience, how much harm can 16,000  
10 prescribers who are prescribing unlawfully do?

11 MS. WICHT: Objection, vague and lack of  
12 foundation.

13 MR. NICHOLAS: And speculative and leading. I  
14 object as well.

15 THE COURT: Sustained.

16 BY MS. SINGER:

17 **Q.** Can DEA take action to investigate or revoke the  
18 registration of all of those prescribers?

19 **A.** It would -- that is a lot of prescribers and that would  
20 be a lot of -- we -- no, we couldn't do that, not with the  
21 manpower that we had at the time and now -- well, I don't  
22 know what it is now, but when I was there, that would have  
23 been an awful lot of work and quite a bit of -- I just don't  
24 think we could have handled thousands of Orders to Show  
25 Cause and Immediate Suspension Orders.



1 I'm sorry. Let me rephrase. I'm sorry. I'll take one  
2 more crack at this.

3 Did you observe that DEA's enforcement activities  
4 transitioned to heroin as a result of the diversion of  
5 prescription opioids?

6 MR. NICHOLAS: I would interpose the same  
7 objection.

8 MR. SCHMIDT: Same, scope and expert opinion.

9 THE COURT: I'm going to sustain the objection,  
10 Ms. Singer.

11 MS. SINGER: We'll move on.

12 BY MS. SINGER:

13 **Q.** Mr. Rannazzisi, for our last substantive topic I  
14 want to turn to quota and it's something I think we've  
15 talked about for a while.

16 Can you briefly at a 20,000-foot level explain to the  
17 Court how quota for controlled substances works?

18 **A.** The quota is an estimate of the total amount of a  
19 specific substance that can be made in the United States.  
20 It's governed by 21, U.S.C., 826 which provides a road map  
21 of what we need to include in our assessment in order to  
22 establish that quota.

23 It's -- during my time, it was only established by a  
24 base code of drug. And what that means is we'll establish  
25 quota for hydrocodone. That's it. But not by dosage units,

1 but by the amount of powder, the amount of drug that's  
2 actually being made.

3 Now, Congress gave us many different things to look at  
4 to establish this quota, knowing that the quota was  
5 necessary, not only because, one, it was required under,  
6 under UN treaties, but the second reason was Congress wanted  
7 to ensure that there was enough drug in the system to meet  
8 the legitimate medical, scientific, and industrial needs of  
9 the country. It's in 826.

10 What Congress, and what we're -- our charge was under  
11 826 is to ensure that legitimate patients were getting their  
12 medication and not having shortages so a patient would do  
13 without. That was the whole basis of the quota.

14 The problem with quota is there's so many different  
15 things involved that you have to look at not just how much  
16 is being allowed to be made for patients, but also how much  
17 is being allotted for research and development, for  
18 validation studies, for export, for all those things that  
19 are necessary for scientific and industrial purposes. That  
20 quota will never -- would never get to a patient.

21 So there's two parts to quota. There's a first part  
22 where it's the amount of drug that would go to a patient, go  
23 to patient population. And the second part of quota is the  
24 amount of drug that goes to research development, export,  
25 validation, scientific and medical needs. That's how quota

1 is generally set up. But it's -- we're required to follow  
2 the road map that Congress gave us in 826.

3 **Q.** All right. I was going to put up a slide, but I don't  
4 know that you need to see the statute, Mr. Rannazzisi.

5 Did you take -- I'm sorry. What was your role at DEA  
6 when you were Deputy Assistant Administrator with respect to  
7 setting quota?

8 **A.** I oversaw the quota unit, the UN reporting quota unit.  
9 And that was a group of scientists. And those scientists  
10 day in and day out would look at quota requests and look at  
11 the available materials, what both the manufacturers  
12 requested and what we could find, and then make a  
13 determination if their quota request was in line with how  
14 much need there would be.

15 Now, my job was to look at what they did and eventually  
16 sign off on their letters, but also sign off on the overall  
17 aggregate quota so the administrator could certify it and  
18 publish it.

19 **Q.** And in your role in overseeing the quota section and  
20 making recommendations to the administrator --

21 **A.** Deputy administrator.

22 **Q.** -- deputy administrator, did you also take diversion  
23 into account?

24 **A.** Yes. There's, there's a specific provision in the 826  
25 that allows us to look at other things, and we did take

1 diversion into account.

2 **Q.** Now, did quota for oxycodone and hydrocodone increase  
3 significantly during your tenure?

4 **A.** Absolutely.

5 **Q.** And why was that?

6 **A.** Because part of the quota involves the amount of  
7 disposal or the amount that's being, that's being either  
8 prescribed out or used in hospitals. And as that number  
9 kept going up, we would have to adjust the quota every year  
10 to ensure that there was enough quota for patients.

11 So the way it worked was if, if more prescriptions were  
12 going out of pharmacies, if more patients in hospitals were  
13 getting more drug, that quota was going to increase because  
14 we have to meet the needs of the patient population.

15 But in the same token, we also had during that time  
16 period research on certain drugs, research on new  
17 formulations of, say, hydrocodone or oxycodone. And the  
18 researchers, the companies that were conducting the  
19 research, that were conducting validation, they had to have  
20 quota.

21 Now, that quota may never, ever see a patient, but it  
22 had to be given out because if we can't give them the quota  
23 for, for that research and development, for the industrial  
24 use, for the export, if they can't get that, then they can't  
25 continue their research.

1           So we had to make sure that there was enough in place  
2           to take care of the patients, but then also to make sure  
3           there was enough to handle the research and development and  
4           all the other things that go on with scientific research  
5           regarding specific drug products.

6           **Q.**    So, Mr. Rannazzisi, as the opioid epidemic and opioid  
7           diversion grew, why didn't DEA lower quota?

8           **A.**    You can't just lower quota.  It, it doesn't work that  
9           way.  And I know people have said this over and over again.  
10          Quota -- it's a scientific and mathematical exercise to  
11          ensure that there's enough drug in the system.

12          I always think of it this way.  If you have 100 people  
13          and all of those people are trying to get oxycodone and some  
14          of them are, are drug seekers who shouldn't have it and some  
15          of them are legitimate patients that need it, maybe they're  
16          palliative care, maybe they're chronic pain, but they need  
17          that drug, the quota is established so they will get their  
18          drug.

19          But if I come in and say, you know what, I'm just going  
20          to cut it by 20 percent, then that's 20 percent less but  
21          that patient -- the patient population and those drug  
22          seekers are competing for now 20 percent less.  And that's  
23          how shortages occur.

24          I can't do anything about the people who are seeking  
25          drugs other than fine them and either get them help or put

1       them in jail. But I have to maintain enough drug in the  
2       system so those legitimate patients, palliative care,  
3       hospice, end of life care, those patients have their  
4       medication because if I don't do that, I'm not meeting my  
5       charge under 826. And I'm not doing the patients any good  
6       either.

7               And, and that's my problem. I'm, I'm -- we're  
8       balancing -- we're doing this balancing act to ensure that  
9       there's enough drug in the system, but not enough drug where  
10      it could sit on a shelf somewhere so somebody could break  
11      into a facility and steal it. And that's the problem.

12             And we didn't even talk about inventory because 826  
13      requires us to give a percentage of inventory allotment in  
14      addition to the quota.

15             So there is so many different dynamics with quota. So  
16      when I hear people say just reduce it by 20 percent, well,  
17      we might reduce it by 20 percent, but if we don't reduce the  
18      amount of patients that are actually seeking -- that need  
19      that drug by 20 percent, then, then we're going to have a  
20      shortage.

21             And a perfect example of that, if I may, a perfect  
22      example of that is hydrocodone. Hydrocodone at one point in  
23      time was the number one drug in the United States. It  
24      wasn't the number one controlled substance. It was the  
25      number one drug in the United States. More people had

1 prescriptions of hydrocodone than any other drug.

2 We knew that was a problem between the internet and the  
3 pill mills and we decided to make a change. We went through  
4 the controlled substances. We decided we were going to take  
5 hydrocodone and down-schedule it from Schedule III to  
6 Schedule II.

7 Now, that's a very important -- that's a very important  
8 distinction. A Schedule II controlled substance, there is  
9 no refills. You have to give a written prescription. A  
10 Schedule III controlled substance, you have to go -- you  
11 could have five refills, you don't need a written  
12 prescription. You could call it in.

13 When we made that change in 2014, by 2017 hydrocodone  
14 had decreased dramatically. The number of prescriptions  
15 went down. It, it was reduced from the number one drug to  
16 way down the list.

17 Now, why was that? Because we required the doctors to  
18 change the way they did business with hydrocodone. They  
19 could no longer call it in, no refills. They had to write  
20 that prescription.

21 And that caused the quota to decrease dramatically.  
22 Within three years, it went down almost 33 percent or  
23 something like that.

24 That's how quota works. It's based on need. It's  
25 based on the patient need, not the, not the people who are